

Section M

Counseling skills and problem solving



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Communication skills

As a counselor, you will be called upon to provide accurate, objective health insurance information in a supportive manner that will enable the client to make well-informed decisions. Effective interpersonal and communication skills play an important role in providing services. Your own good nature and good judgment form the base of your communication style. During a counseling session, you can draw upon many communication techniques to facilitate understanding between you and your clients:

- Review client agreement form
- Provide assurances of confidentiality
- Treat your client with respect from your initial contact through all phases of the service you provide
- Ask **clarifying questions** to focus the discussion
- Ask **open-ended** questions to clarify information and to check that you understand key points
- Maintain a cordial but professional **tone** throughout your interactions with the client
- **Listen supportively and patiently** as the client describes his/her situation
- **Observe** signs of anxiety or misunderstanding and provide appropriate assurances to ease your client's discomfort
- **Summarize often** during conversations with your client to confirm that you understand the client's situation
- Take care to **define** terms and explain concepts in ways the client will understand
- Provide precise **explanations** paced appropriately to avoid misunderstanding
- **Encourage** the client's participation in pursuing ways to resolve his/her health insurance-related problems
- **Remain flexible** about your ideas for resolving problems and be open to your client's ideas

Preparing for a counseling session

When a counseling session is scheduled, the **client** should be advised to bring to the meeting:

- Health insurance policies
- Claim forms
- Medical bills
- Medicare card
- Correspondence pertaining to the claim being reviewed
- A relative or trusted friend may also attend the session

The **counselor** should assemble:

- Client agreement form
- Counseling report form
- Existing files about the client, if available
- Referral information
- Policy comparison forms
- Calculator

A counseling session might include the following elements:

1. Introduce yourself.

After introducing yourself, use the client agreement sheet to brief the client on what counselors can and cannot do in the counseling relationship.

2. Help the client feel comfortable.

Ask a few questions about how the person is doing or something else that will put the client at ease.

3. Ask client to describe problem.

Ask why s/he has come to see you and how s/he heard about the program. Be sure to listen carefully to how the client describes the problem.

4. Restate the client's problem back to client.

After carefully listening to the client describe the problem to you, restate what you heard as the problem. For example, you might say, "What I heard you say is that you need help organizing your Explanation of Medicare Benefits that have piled up over the last few months ..." Ask if you are correct in your understanding of the issue.

5. Develop a strategy to address the issue.

Once you are sure you understand your client's problem, think about how you want to address this issue.

Options:

- A. Research the problem by using your manual.
- B. After looking in your manual, if you have a question, consult with another counselor or contact the Insurance Department for suggestions.
- C. You might call other organizations or resource people for advice in handling this case.
- D. If the problem is still confusing or falls outside the scope of your training, refer the client to another agency that may provide assistance. Whenever you make a referral, try to make sure the client is connected to a specific staff person in the agency. Some clients may be able to proceed on their own.

6. Discuss the problem-solving strategy with client and then decide on next steps for action.

Once you have developed a strategy to address the issue, inform your client of:

- What you will do
- What s/he should do
- The time frame involved (e.g., I will do this tomorrow, this will take three weeks)

7. Develop the client's ability to take care of this problem next time.

Offer your help in other Medicare or health insurance situations.

8. Close the case and record the service on your counseling report forms. Monthly reporting is due by the 10th of each month. Reporting can be done by using www.shiptalk.org, faxing the client reporting form to 701.328.7610 or by mailing the reporting forms to 600 E. Boulevard Ave., Dept. 401, Bismarck, ND 58505.

Tips for counselors:

Relax

1. It is not a crime if you do not know the answer to every question asked about Medicare, Medicare supplement coverage, or LTC plans. No one knows it all ... even the experts.
2. You are offering seniors a free service that is unique in your state.
3. You have everything you need to handle most cases.
4. Don't worry about small details.
5. If you are not sure ... do not provide an answer!
 - A. When in doubt take the client's name, telephone number, questions, and policy form number, if applicable, and promise to follow up.
 - B. Tell the client you will call in several days after you have explored the questions or after you have contacted other sources for guidance.

Active listening

Becoming a better listener adds to your credibility, makes you a better problem solver, and teaches others to communicate better.

1. Don't interrupt.
2. Take notes to help organize your thoughts.
3. Delay evaluation of the speaker and the topic.
4. Don't rehearse your answer as you listen.
5. Restate the content of what you have heard.
6. Ask for specifics.
7. Always summarize.

Training skills

When teaching clients how to file a claim or appeal, or sort and track paperwork, here are critical steps to keep in mind:

1. Tell them what you want them to do.
2. Take time to show them how to do it—each step.
3. Let them try—have a hands-on activity.
4. Watch their demonstration.
5. Manage the demonstration.
6. Provide information, feedback and a pat on the back.

Telephone calls

Do you pick up the telephone by the first, second or third ring? Do you identify yourself? What do you do when you cannot help the caller? Here are a few tips (some may apply only to sponsors):

1. Answer the telephone promptly—by the third ring.
2. Identify yourself (and your organization).
3. Use the client's correct name, don't guess.
4. Speak clearly.
5. Put a smile in your voice.
6. If you cannot help the client, refer them to someone who can.
7. If you promise to call back, follow through. Provide status reports when there is a long wait.
8. Say thank you.

Upset/angry client

You will need to calm the client and move them toward solving the problem.

1. Take it professionally, not personally. Express respect, ignore snide remarks/sarcasm, watch for your early

warning signs. Use a buddy system or reschedule if a cooling off period is necessary.

2. Deal with the emotions first. Let them vent without interruptions, listen to understand, ask open-ended questions and give empathetic feedback.
3. Deal with the PROBLEM. Determine the specifics of the problem, ask closed-ended questions, take notes, and restate the key issues. Identify client expectations—what outcome do they want? How would they handle the problem?
4. Outline the alternatives. Concentrate on the cans not the cannots. Tell the client what you can do for them.
5. Agree on a solution. Which of the alternatives does the client choose? What can be done to assist them?
6. Take action and follow through. If possible, do something extra.
7. Double-check for satisfaction. NOTE: Remember, the customer is not always right—but from their perspective, they are.

Do ...

1. Provide extra service.
2. Be culturally sensitive/aware.
3. Speak the client's language (i.e., avoid acronyms and jargon).
4. Understand the client—their perception of the problem and their needs.
5. Take ownership of the problems that are presented.
6. Strive for self-improvement—identify skills that need development.
7. Build client relationships—make the process as easy as possible, build trust and show appreciation.
8. Have a positive attitude and take initiative.
9. Learn to spot the signs of burnout and prevent it.
10. Take notes regarding names, dates, telephone numbers, etc.

Don't ...

1. Interrupt.
2. Assume you know what the client wants or what he/she will say next.
3. Lose sight of the customer's problem due to exaggerations, sarcasm or personal attacks.
4. Seek someone to blame for the problem.
5. Argue with a client.
6. Say, "You have to ..."
7. Say, "The only thing that can be done ..."
8. List the things you cannot do.
9. Share internal problems with clients.



Etiquette for communicating with people with disabilities

1. When talking with a person with a disability, speak directly to that person rather than through a companion or sign language interpreter.
2. When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands. (Shaking hands with the left hand is an acceptable greeting.)
3. When meeting a person who is visually impaired, always identify yourself and others who may be with you. When conversing in a group, remember to identify the person to whom you are speaking.
4. If you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions.
5. Treat adults as adults. Address people who have disabilities by their names only when extending the same familiarity to others. (Never patronize people who use wheelchairs by patting them on the head or shoulder.)
6. Leaning on or hanging to a person's wheelchair is similar to leaning or hanging onto a person and is generally considered annoying. The chair is part of the personal body space of the person who uses it.
7. Listen attentively when you are talking with a person who has difficult speaking. Be patient and wait for the person to finish, rather than correcting or speaking for the person. If necessary, ask short questions that require short answers, a nod or shake of the head. Never pretend to understand if you are having difficulty doing so. Instead, repeat what you have understood and allow the person to respond. The response will clue you in and guide your understanding.
8. When speaking to a person who uses a wheelchair or a person who uses crutches, place yourself at eye level in front of the person to facilitate the conversation.
9. To get the attention of a person who is deaf, tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly, slowly, and expressively to determine if the person can read your lips. Not all persons who are deaf can read lips. For those who do lip read, be sensitive to their needs by placing yourself so that you face the light source and keep hands, cigarettes, and food away from your mouth when speaking.
10. Relax. Don't be embarrassed if you happen to use accepted, common expressions such as "See you later," or "Did you hear about that?" that seem to relate to a person's disability. Don't be afraid to ask questions when you're unsure of what to do.

Where do I start?

Does the client qualify for additional services?

1. Check Medicare eligibility
 - Is client over 65 and eligible for Medicare?
 - Is client under 65 but on Social Security disability?
 - Check client's Medicare card for Parts A and B.
2. Consider eligibility for QMB, SLMB, QI or Medicaid
 - Determine your client's monthly income to determine eligibility for Medicaid or the Medicare savings program.
 - Direct the client to their local county social services office.
3. Consider eligibility for low-income subsidy
 - Determine your client's monthly income to determine eligibility for low-income subsidy.
If client qualifies for LIS, provide them with a paper application and explain where to mail the application or apply at www.ssa.gov.
 - Describe the types of benefits that LIS will provide.
 - Remember to explain to beneficiary the plan is generally free if they enroll in a basic plan.
 - Assist them with applying at www.ssa.gov or their local social security office.
4. Eligibility for other programs/services
 - The client may be eligible for medical treatment through government services (e.g., the V.A., Military Hospital or Indian Health Services). Check to see if these options are available. If so, the client may not need supplement coverage for large medical expenses, if premium cost is a major factor.

Is the client new to Medicare?

Explain the basics:

1. **Part A:** hospital and nursing home care
 - Explain hospital deductible and coinsurance
 - Covers hospice, home health and some skilled nursing facility care
 - Generally free with **work history**
2. **Part B:** doctor, medical services, ambulance, prosthetics and durable medical equipment
 - Explain 80/20 split; this is generally why a beneficiary purchases a supplement
 - There is a cost for Part B. It changes yearly.
 - Outpatient mental health is covered under Part B, but is a higher copay than 80/20.
3. **Supplements**
 - Supplements are intended to pay the 20 percent that Medicare Part B does not
 - Generally includes some deductibles also
 - Comes with a cost to the beneficiary
4. **Medicare Part C**
 - Is NOT a supplement
 - Generally involves copays for each service rendered

- Not all medical facilities accept these
- Also called a Medicare Advantage Plan or private fee for service
- Generally replaces Original Medicare

5. Medicare Part D

- Prescriptions and some vaccinations are covered under Medicare Part D.
- Premiums and copays are paid by the beneficiary every month
- There are many plans to choose from
- All Part D plans are monitored by the federal government
- Explain the coverage gap if applicable.
- Can and should compare plans from Nov. 15 through Dec. 31

Does the client have a problem with a claim or bill?

1. **Double bills or payments.** If you find more than one bill or MSN that appears to be for the same service, it may be either a duplicate or a mistake.

2. **Unbilled Med Sup.** Medicare has paid it in part and returned the bill to the doctor because the Med Sup company does not have a direct billing (crossover) arrangement with Medicare. The bill now has to get to the Med Sup carrier.

3. **Assignment violated.** The doctor was supposed to take assignment but is billing the patient more than Medicare has approved. The client should check first with the doctor to verify assignment status and whether the bill is a mistake.

4. **Procedures disallowed.** The insurance company (or Medicare) claims a particular service is not covered and so has not paid for it. Check the policy for specific exclusions. If unresolved, refer the consumer to the Insurance Department.

5. **Insurance paid patient directly.** The doctor is collecting from the patient because the insurance company paid the patient. If correct, the patient may, indeed, owe the doctor.

Does the client want to review their long-term care policy?

1. Help the individual understand the terms used in long-term care policies:

- Definitions of covered nursing facilities
- Elimination period
- Maximum length of benefit
- Waiver of premium
- Renewability
- Premium

2. Assist the client in understanding the benefits of the contract.

3. Encourage the client to discuss his/her insurance needs and amount of benefits to purchase with other family members, trusted friends, or professionals such as an accountant or lawyer.

Tips for keeping the beneficiary in control of their medical bills in the future

A few tips you can give your client to help make sense of future medical claims.

- Get a large calendar to use for medical information only.
- Note all appointments on the calendar; indicate name of provider and type of service received.
- Make a list of telephone numbers for all contact people and organizations. Include:
 - Doctors' offices
 - Hospital billing office
 - Insurance company (usually a toll-free number)
 - Pharmacy
 - Other medical providers
 - Insurance agent
 - SHIC: 1-888-575-6611 or 328-2440 in Bismarck/Mandan

Recap:

What counselors will do

- I will try to answer any questions you have about Medicare, supplemental insurance or long-term care insurance. If I don't have the answer, I will either contact you later or refer you to a resource person.
- I will assist you in understanding and organizing your Medicare bills and statements and help you develop a system to organize your paperwork.
- I will assist you in submitting claims for Medicare and supplemental insurance.
- I will help you understand Medicare's appeals process and provide information to assist you in deciding whether you should file a Medicare appeal for Medicare decisions with which you disagree. If you are unable to pursue an appeal on your own, I will assist you or refer you to the appropriate agency.
- I will help you clarify the services that Medicare does not cover and help you evaluate your needs so you can make your own decision about buying a supplemental insurance policy.
- I will refer you to other resources in your community that can help you with Medicare-related problems.
- I will keep accurate notes about the counseling session and fill out a counseling report form.

What counselors will not do

- I will not recommend that you purchase or terminate a specific insurance policy.
- I will not share any information about your questions or problems unless I am specifically authorized by you to do so. The only exception to this is reporting to the Insurance Department for program assessment and record-keeping. All contact with you will be strictly confidential.
- I will not charge you for the counseling service that I provide. In some cases, I may ask you to pay for copying your bills or for postage.
- I will not make the final decision for you on any matter.

Review exercise

1. What are some of the items you should ask a client to bring for a counseling session?

- 1.
- 2.
- 3.
- 4.

2. What are some examples of active listening?

- 1.
- 2.
- 3.
- 4.
- 5.

3. When you are assisting a client; a counselor should always review their eligibility for other assistance programs such as the Medicare Savings Programs (QMB/SLMB/etc.) and low income subsidy. What does each of these programs assist with and where do you apply?

Medicare Savings Programs:

Low income subsidy:

4. When you are meeting with those new to Medicare, what are some of the basics you should explain? Also, briefly describe each.

- 1.
- 2.
- 3.
- 4.
- 5.

5. What are some tips for keeping the beneficiary in control of their own medical bills?